

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled

Novel Polypeptides Involved in Immune Response

which is described and claimed in the specification which:

- ☒ is attached hereto.
☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
Country	Application Number	Filing Date (day, month, year)	Priority Claimed
PCT	PCT/US00/01871	27 January 2000	Yes

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the filing date of this application:

PRIOR U.S. APPLICATIONS		
APPLICATION SERIAL NO.	FILING DATE	STATUS
09/264,527	March 8, 1999	Pending
09/244,448	February 3, 1999	Pending

DECLARATION AND POWER OF ATTORNEY (cont'd)

Power of Attorney: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Steven M. Odre (Reg. No. 29,094), Ron K. Levy (Reg. No. 31,539), Scott N. Bernstein (Reg. No. 38,827), Joseph W. Bullock (Reg. No. 37,103), Robert R. Cook (Reg. No. 31,602), Monique L. Cordray (Reg. No. 34,802), Craig A. Crandall (Reg. No. 38,416), Daniel R. Curry (Reg. No. 32,727), Joan D. Eggert (Reg. No. 32,980), Timothy J. Gaul (Reg. No. 33,111), Matthew W. Knight (Reg. No. 36,846), Richard J. Mazza (Reg. No. 27,657), Karen L. Nicastro (Reg. No. 35,968), Nancy A. Oleski (Reg. No. 34,688), Karol M. Pessin (Reg. No. 34,899), Frank S. Ungemach (Reg. No. 34,449), Stuart L. Watt (Reg. No. 32,511), Wendy A. Whiteford (Reg. No. 36,964), Robert B. Winter (Reg. No. 34,458), Thomas D. Zindrick (Reg. No. 32,185), said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

Please send all future correspondence to:

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DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole
or First Inventor:

Steven K. Yoshinaga

Inventor's Signature:

Date:

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Full Name of Second
Joint Inventor, if Any:

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Citizenship:

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Citizenship:

Full Name of Fourth
Joint Inventor, if Any:

Inventor's Signature:

Date:

Residence and
Post Office Address:

(Address, City, State, Zip Code, Country)

Citizenship: